PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

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Submitted
with Initial

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OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number		RGS-00-001		
First Named Inventor		SINCLAIR, Sebastian		
COMPLETE IF KNOWN				
Application Number				
Filing Date	February 6, 2001			
Group Art Unit				
Examiner Name				

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Monetary Behavior Detection in a Networked Environment Method and Appartus (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International was filed on (MM/DD/YYYY) (if applicable). Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed Foreign Filing Date **Priority** Certified Copy Attached? Prior Foreign Application Country **Not Claimed** (MM/DD/YYYY) Number(s) YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U S.C. 119(e) of any United States provisional application(s) listed below Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:					
Given Name (first and middle [if any]) Family Name or S				mame	
Sebastian Sinclair					
				Date 1/16/2001	
State ME	Coun	itry USA	- Ci	itizenship USA	
State ME	ZIP	04026	Country	USA	
y:	A pe	tition has been file	ed for this	unsigned inventor	
		Family Na	me or Su	rname	
				Date	
State	Cour	ntry		Citizenship	
	7,	ID.	Cour	4	
State	<u> </u>	P	Coun	try	
y:	☐ A pet	ition has been file	d for this ι	unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
		_			
				Date	
Residence: City State		Country		Citizenship	
State		71P	Cos	untry	
	State ME /: State State State State State	State ME Coun State ME ZIP Coun State Coun State ZI State Coun State ZI State ZI State ZI Coun	State ME Country USA State ME ZIP Country State Country State ZIP State Country State ZIP y: A petition has been file Family Family State ZIP State ZIP State Country Country State Country	State ME Country USA Country State ME ZIP Country Country State ZIP Country Country State ZIP Country Country State ZIP Country Country State ZIP Country Country	

Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (10-00) Approved for use through 10/31/2002 OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	SINCLAIR, Sebastian
Group Art Unit	
Examiner Name	
Attorney Docket Number	RGS00-001

I hereby appoint:					
Practition	ers at Customer Number			Place Customer Number Bar Code Label here	
	er(s) named below:				
Tractitions	Name		Registra	ation Number	
Mic	chael A. Kerr		42,722		
Vio	ctor J. Gallo		41,768		
as my/our attorn business in the	ey(s) or agent(s) to prosec United States Patent and T	eute the application rademark Office co	identified above	, and to transact all ith.	
Please change the	ne correspondence address mentioned Customer Numb	s for the above-ider per.	ntified application	n to:	
OR					
Firm <i>or</i> Individual Na	me				
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Telephone			Fax		
I am the: X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
	Walton Lamar				
Name Signature	Name 1 And to 1				
Date	12/22/22				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
★Total of 2 forms are submitted.					

PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	SINCLAIR, Sebastian
Group Art Unit	
Examiner Name	
Attorney Docket Number	RGS 00-001

Practitioners at Customer Number OR Name Name Registration Number Michael A. Kerr Victor J. Gallo as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Sebastiany Sinclair Signature Date INTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below' Terms or are submitted.	i nereby app	OIIIL.				
Name Registration Number Michael A. Kerr 42,722 Victor J. Gallo 41,768 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Sebastian/ Sinclair Signature Date Date NUTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	OR	<u> </u>	—	Number Bar Code		
Michael A, Kerr Victor J. Gallo as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Sebastiany Sinclair Signature Date Ulls/Das NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	× Practitio	oner(s) named below:				
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Sebastian/ Sinclair Signature Date I/II// 266/ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	Telephone		Fax			
SIGNATURE of Applicant or Assignee of Record Name Sebastian/ Sinclair Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*		I am the:				
Name Sebastian/ Sinclair Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*						
Date Date 1/16/266 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	SIGNATURE of Applicant or Assignee of Record					
Date Date 1/16/266 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	Name	Sebastian/Sinclair				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	Signature					
forms if more than one signature is required, see below*	Date	Date 1/11./2001				
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*					

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3

ame of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	Family Name or S n C 3				
Walton Lamar	Moore				
Inventor's Walton Laman	ne	re			
Residence: City NorthHampton	State MA	Country USA		Citizenship USA	
Mailing Address 30 Hampton Avenue	!				
Mailing Address					
NorthHampton City	State MA	ZIP 01060	Countr	usa y	
Name of Additional Joint Inventor, if any	' :	A petition has been t	iled for this	s unsigned inventor	
Given Name (first and middle [if any])		Family 1	lame or S	urname	
Inventor's Signature	l Doto				
Residence: City	State	Country		Citizenship	
Mailing Address					
Mailing Address					
	Ctoto	ZIP	Cou	intry	
City	State				
Name of Additional Joint Inventor, if any:			s unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City	State	Country		Citizenship	
Mailing Address					
Mailing Address					
City.	State	7IP	C	ountry	

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